

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091701751 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1	1		
3						
4						
5						
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11			1	1		
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49						
50						
TOTAL IND.			1	1		
TOTAL DEP.			0	1		
TOTAL CLAIMS			1	1		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1		
TOTAL DEP.			0	1		
TOTAL CLAIMS			1	1		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS